

**COVER PAGE**

**A PUBLIC DOCUMENT**

Filed Date: 01/06/2020 05:38 PM  
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Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Hanson	Jennifer	Lynn

**1. Office, Agency, or Court**

Agency Name (Do not use acronyms)  
City of Lincoln  
Division, Board, Department, District, if applicable  
Your Position  
City Manager

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: \_\_\_\_\_ Position: \_\_\_\_\_

**2. Jurisdiction of Office (Check at least one box)**

<input type="checkbox"/> State	<input type="checkbox"/> Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
<input type="checkbox"/> Multi-County _____	<input type="checkbox"/> County of _____
<input checked="" type="checkbox"/> City of Lincoln	<input type="checkbox"/> Other _____

**3. Type of Statement (Check at least one box)**

<input checked="" type="checkbox"/> <b>Annual:</b> The period covered is January 1, 2019, through December 31, 2019. -or- The period covered is 01 / 09 / 2019, through December 31, 2019.	<input type="checkbox"/> <b>Leaving Office:</b> Date Left ____/____/_____ (Check one circle.) <input type="radio"/> The period covered is January 1, 2019, through the date of leaving office.
<input type="checkbox"/> <b>Assuming Office:</b> Date assumed ____/____/_____ <input type="checkbox"/> <b>Candidate:</b> Date of Election _____ and office sought, if different than Part 1: _____	<input type="radio"/> -or- The period covered is ____/____/_____, through the date of leaving office.

**4. Schedule Summary (must complete) ► Total number of pages including this cover page: 1**

**Schedules attached**

<input type="checkbox"/> <b>Schedule A-1 - Investments</b> – schedule attached	<input type="checkbox"/> <b>Schedule C - Income, Loans, &amp; Business Positions</b> – schedule attached
<input type="checkbox"/> <b>Schedule A-2 - Investments</b> – schedule attached	<input type="checkbox"/> <b>Schedule D - Income – Gifts</b> – schedule attached
<input type="checkbox"/> <b>Schedule B - Real Property</b> – schedule attached	<input type="checkbox"/> <b>Schedule E - Income – Gifts – Travel Payments</b> – schedule attached

-or- ☒ **None - No reportable interests on any schedule**

**5. Verification**

MAILING ADDRESS	STREET	CITY	STATE	ZIP CODE
(Business or Agency Address Recommended - Public Document)				
600 6th St		Lincoln	CA	95648-1825
DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS		
( 916 ) 434-2493				

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 01/06/2020 05:38 PM  
(month, day, year)

Signature \_\_\_\_\_ Electronic Submission  
(File the originally signed paper statement with your filing official.)